

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 08/27/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/30/2006						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	16	18	2
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	1	1
3404910	PATHWAYS	11	321	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	166	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	631	3650	3013
		3412	76	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404912	CATAWBA COUNTYM ENTAL HEALT	3412	59	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8621	91	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	128	856	728
		8622	30	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	466	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	52	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	5	584	1038	454
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	21	71	DUPLICATE OF CLAIM-SYSTEM				
		79	70	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	254	3186	2932
		191	46	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	21	398	DUPLICATE OF CLAIM-SYSTEM				
		8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	63	1451	3130	1679
		11	183	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	11	128	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	132	158	26
3404920	ALAMANCE CASWEL L AREA MH D	21	5158	DUPLICATE OF CLAIM-SYSTEM				
		79	226	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	5692	6860	1168
		8599	176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	11	1825	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	213	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	31	2490	4080	1590
		8599	94	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	78	78	0
3404923	FIVE COUNTY MH	21	948	DUPLICATE OF CLAIM-SYSTEM				
		11	631	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2031	2891	860
		8599	277	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	219	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	164	CLIENT NOT ELIGIBLE ON SERVICE DATE	31	745	3411	2666
		3411	107	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404926	SOUTHEASTERN RE G MENTAL HL	21	506	DUPLICATE OF CLAIM-SYSTEM				
		11	457	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	1088	2615	1527
		8534	61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404927	CUMBERLAND CO M HC	8622	55	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		10	15	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	93	143	50
		120	7	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	18	138	1136	998
		10	8	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	187	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	6	717	11980	11263
		120	98	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	32	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	7	121	3630	3509
		8952	14	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404934	ONSLow CARTERET BEHAV HEAL	11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	62	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	268	590	322
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	2	6	110	104
		8952	1	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404937	EDGEcombe NASH MNTL HLTH C	21	12	DUPLICATE OF CLAIM-SYSTEM				
		79	4	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	19	259	240
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		937	1	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	5	409	404
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	21	2371	DUPLICATE OF CLAIM-SYSTEM				
		79	369	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	3318	3843	525
		8536	216	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404942	ROANOKE CHOWANN UMAN SERVIC	11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	18	DUPLICATE OF CLAIM-SYSTEM	0	46	1005	959
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	37	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	45	154	1184	1030
		537	22	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE ROMA N SERVICES	8599	186	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	71	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	1	276	684	408
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	8535	11	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	11	243	232
3404957	TIDELAND MENTAL HEALTH CTR	21	88	DUPLICATE OF CLAIM-SYSTEM				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	102	2430	2328
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	187	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	23	DUPLICATE OF CLAIM-SYSTEM	0	215	545	330
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				